



SC School Improvement Council

“Civic Engagement at Work for Public Education”

“SIC Leadership” Training Evaluation Form

Training Date: _____ Place: _____

Please circle ONE group you most represent on your SIC:

Parents Teachers Students Community

District: _____ School: _____

Name (optional): _____ Email (optional): _____

Please circle your response to the following questions:

Will today’s training help you carry out your responsibilities as an SIC leader?

YES NO

Did your trainer display a good working knowledge of the material presented?

YES NO

Did your trainer answer questions effectively?

YES NO

How would you rate this training opportunity overall?

Excellent Good Average Poor

Would you recommend this training to other SIC leaders?

YES NO

Additional comments: _____
